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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____

ADOPTION

Name of Biological Mother _____
State any other name Biological mother may have used _____
Date of Birth of Biological Mother if known: _____
Name of Biological Father: _____
State any other name Biological Father may have used: _____
Date of Birth of Biological Father if known: _____
Date of Birth of Adoptive Mother: _____
Date of Birth of Adoptive Father: _____
Address of Biological Mother: _____
Address of Biological Father if known: _____
Has the child been legitimated or has there been a paternity suit? _____
If there was a legitimation or paternity action was child support set? _____
Is one or both of the biological parents dead? _____
Is this a relative or step parent adoption? _____
Have parental rights of the one or both of the biological parents been terminated? _____
If the biological parent's rights have not been terminated to your knowledge will they be willing to surrender them? _____
Has a home study been done? _____
Do you expect this adoption to be contested? _____
When was the last time child support was paid by each biological parent ? _____
Who has the child been staying with? _____
Has any State or Federal or Adoption Agency been involved? If so state Agency and _____ caseworker _____

OFFICE USE ONLY

Advised of Consult Fee: Yes___ No_____ Cost of Consultation_____:

Questionnaire Needed: Removal/Termination _____Non-Termination General Intake_____
EEO and Comp Damages forms_____; Consequential Damages_____:
Referred to Web Page_____Sent /Pickup Date_____:
Appointment Scheduled:

(Following Questionnaire Return)

Date:_____ Time:_____
Disposition_____ Any other Info:_____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711